



Meat Grading & Certification Branch

Personnel Actions, Reassignments, and Adverse Actions

Purpose

This Instruction provides supervisors and program assistants with detailed information for initiating personnel actions, employee reassignments, and adverse actions.

Policy

It is Meat Grading and Certification (MGC) Branch policy to provide long-term job development and satisfaction for each employee and comply with personnel regulations. To reach this objective it is imperative that personnel actions, employee reassignments, and adverse actions are initiated, completed, and processed in the most expeditious way possible. For these reasons, management personnel will follow the provisions of this Instruction when initiating personnel actions, reassignments, and adverse actions.

Procedures

Requests for personnel actions will be initiated by program assistants, approved by Assistant Directors or their designees, and forwarded to the Livestock and Seed (LS) Program Administrative Office (AO) in Washington, D.C., unless otherwise indicated. The following paragraphs outline procedures and directives governing the preparation, approval, and submission of personnel actions. Every action which requires the submission of a Request for Personnel Action (SF-52) must have a request number in Part I, Block A, that is issued by the AO. Program assistants must obtain this number, by telephone, before submitting the request to Washington, D.C.

1. Appointments. Procedures for selecting and appointing meat acceptance specialists and Chicago Mercantile Clerks are described in MGC Instruction 207, Hiring Meat Acceptance Specialists and Chicago Mercantile Exchange (CME) Livestock Clerks, and MGC Instruction 208, Qualification Standards for Meat Acceptance Specialists and Chicago Mercantile Exchange (CME) Clerks.
2. Promotions. Program assistants will initiate the promotion of career ladder employees to GS-7 and GS-9 Agricultural Commodity Grader positions by completing an SF-52 and submitting it to the Personnel Division at least 30 days before the proposed effective date. All SF-52 requests for a career ladder promotion of a GS-7 Agricultural Commodity Grader to the GS-9 level must be signed by the candidate's supervisor and include the statement that the candidate ". . . has performed 'hands-on' meat grading and meat certification for

compliance with contract specifications for at least 1 year at the GS-7 level of difficulty." Keep one copy of the partly completed SF-52 in the MGC Branch Office.

3. Retirements, Resignations, Deaths. Employee retirements and resignations will be initiated and recorded by completing an SF-52. Program assistants will refer to [AMS Directive 332.1, Resignations](#), for information about resignations and to [AMS Directive 345.1, Civil Service and Federal Employees' Retirement Systems](#), for information about retirements. [AMS Directive 491.1, Settlement of Claims for Unpaid Compensation Due Deceased Employees](#), will be followed when reporting and recording the death of an employee.
4. Probationary Period. Each new appointee serves a 1-year probationary period during which the Assistant Director can recommend action to separate the employee if the employee's performance, ability, conduct, or suitability is unsatisfactory. To ensure success, new employees should get close supervision, instruction, and training during the first year of their employment. Supervisors must remember that one of the most important times to address performance is during the probationary period. As the final step in the examination process of a new employee, this period is designed for supervisors to assess how well an employee can perform the duties of a job. Employees' performance during this period usually serves as a good indication of how well they will perform throughout their career. During this period, supervisors should help new employees improve their performance while determining if the employee is suited for the position. Although the supervisor has discretion to put an employee on a performance improvement plan, the law and regulations specifically exclude probationary/trial employees from the procedures requiring a performance improvement period. If a performance-based action is warranted against a probationer, please keep in mind that probationers can appeal their termination to the Merit Systems Protection Board only if their termination is based on marital status or partisan political affiliation. Probationers are not covered under the Code of Federal Regulations [Title 5, Part 432, Performance Based Reduction in Grade and Removal Actions](#), or [Title 5, Part 752, Adverse Actions](#). This exemption exists because the probationary period is designed for supervisors to determine if a new employee will be an asset rather than a liability to the organization. Failure to properly assess a new employee's performance during the probationary period may result in future performance problems. For supervisors, the probationary/trial period is a key period for addressing and resolving poor performance. **Action to remove a probationary employee should be completed no later than 30 days before the end of their probationary period.**

Guidelines for documenting a case of performance deficiencies or misconduct during the probationary period are in Exhibit B.

5. Withholding Within-Grade Increases. To earn a within-grade increase (WGI), employees must meet the waiting period requirements and perform at the fully successful level of competence or better. To grant a WGI, supervisors must issue a current rating (i.e., not more than 1 year old) that shows the employee is

performing at least at the fully-successful level. If a WGI is denied, a supervisor can approve a WGI at any time thereafter once the employee is performing at an acceptable level of competence, but the supervisor must consider the employee's performance at least every 52 weeks after the denial.

Sometimes while an employee is on a performance improvement plan a supervisor may have to deny a WGI. As soon as the supervisor determines that an employee's performance is falling below the acceptable level, even if it is not yet at the unacceptable level, find out when the employee's next WGI is due. Depending on the step of the employee, there may be a 1-, 2-, or 3-year waiting period before the next WGI could be granted. If it is coming up soon, assess where the employee stands in meeting the standards for an acceptable performance rating.

Note: WGIs are automatic unless we notify the Human Resource Office in advance that the employee is not performing and the WGI should be withheld. So, if someone **IS NOT** performing as expected, the burden is on the supervisor to notify personnel at least 30 days before the WGI due date. If not, the employee will get the WGI.

What happens when a WGI comes due right in the middle of a performance improvement period?

Technically, the WGI determination is based on the most recent rating of record as long as it was issued within the last year. But, regulations provide that a supervisor, in making an "acceptable level of competence" determination, may issue a new rating if the most recent rating does not reflect the employee's current performance.

In a case where an employee's WGI is due in 3 weeks, the last rating was Fully Successful, and the employee was given an opportunity to improve that started last month, the supervisor must decide whether the employee's current performance is back up to Fully Successful. If so, approve the WGI. But, it is more likely that the current performance is still below the acceptable level, in which case a new rating needs to be issued to support the denial of the WGI.

6. Personnel Forms and Procedures. Guidelines on the preparation and submission of documents used to request personnel actions are provided in [AMS Directive 333.1, Requests for Personnel Actions](#). Refer questions about these procedures to the AO.
7. Vacancy Announcements and Registers. The MGC Branch Office will initiate requests for personnel actions for vacancy announcements and registers.

Reassignments

MGC Branch employees will be reassigned to vacant positions or for training and career development purposes at Government expense, in accordance with the Basic Agreement, consistent with applicable regulations, and when it is considered beneficial to the service. The AO will prepare personnel actions for reassignments based on receipt of **written notification from MGC Branch management**. The notification must include the following information: Employee name, current Official Duty Station (ODS), new ODS, effective date of transfer, and if this is a Government paid relocation.

Reassigned employees who are moved at Government expense will be reimbursed in accordance with applicable Government Travel Regulations. Reimbursement will be by the actual expense or commuted rate. Regardless of the reimbursement method, the information in the following paragraphs must be submitted to the AO before moving expenses are authorized.

1. Conflict of Interest Statement (COIS). All reassigning employees must sign a conflict of interest statement. This signed statement will be mailed to the AO within 5 days following notification of reassignment. The COIS is included in the Request for Authorization of Relocation Expenses (MRP-4). Employees who are paying their own move should get a separate COIS.
2. Data for Travel Authorization. Before the AO issues a Travel Authorization (AD-202), the reassigned employee, through the Personnel Director, must provide the following information to the AO. This information will be submitted by electronic transmission within 5 days following notification of an impending reassignment and be confirmed by a follow-up memorandum.
 - a. Name of employee.
 - b. Names of employee's immediate family and birth dates of children.
 - c. Home address (street, city, State, zip code).
 - d. Telephone numbers (home and work).
 - e. New duty location.
 - f. Proposed pickup date of household goods.
 - g. Estimated weight of household goods.
 - h. Desired method for shipment of household goods --Government Bill of Lading (GBL)/Commuted Rate.
 - i. Travel by more than one automobile (include reason).
 - j. Is Pre-trip desired?
 - k. Remarks or special instructions.]

Reassigned employees must not perform official travel for a reassignment without an approved AD-202. It is equally important that employees travel as authorized in the AD-202 unless they get prior clearance from the AO.

3. Personnel Records and Miscellaneous Items. The reassigning Supervisory Meat Grader (SMG) will forward to the new SMG all documents in the involved employee's working personnel folders. If the employee's last performance rating is more than 90 days old, prepare a new advisory rating. The reassigning SMG will recover from the employee, as applicable:
 - a. Keys to meat grading offices and lockers.
 - b. Keys and credit cards for Government-owned vehicles.

Misconduct Allegations and Incidents

All MGC Branch personnel will adhere to current Department rules and regulations governing employee responsibilities and conduct and will follow the policies, procedures, and responsibilities found in the applicable Departmental, Agency, Program, Basic Agreement, and MGC Branch Directives and Instructions.

1. General Procedures. Documentation on cases involving violations of regulations, instructions, misconduct, and unsatisfactory performance will be forwarded to the Personnel Director. In all cases except those requiring further investigation and cases involving the first incident of loss of control of equipment, the Personnel Director will review submitted documentation and, if warranted, refer cases to the Employee Relations and Services Branch, Personnel Division, Animal and Plant Health Inspection Service (APHIS). In cases that require further investigation, supervisors will comply with the Basic Agreement and applicable regulations.
2. Cases Requiring Investigation. In cases requiring investigation, supervisors will contact the Personnel Director and provide all known details.
3. Cases Involving Loss of Control. Cases involving an employee's first incident of loss of control of equipment will be handled by the SMG and Assistant Director. The MGC Branch policy for loss-of-control cases is explained in MGC Instruction 908, Reporting Lost or Stolen Equipment.
4. Filing and Retention of Disciplinary Material. Copies of alternate agreements, proposal and decision letters, and letters of reprimand or caution will be provided to the Personnel Director. The file will be retained as defined in the document or General Records Schedule 1, Civilian Personnel Records.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office *(Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)*

1. Actions Requested	2. Request Number
3. For Additional Information Call <i>(Name and Telephone Number)</i>	4. Proposed Effective Date
5. Action Requested By <i>(Typed Name, Title, Signature, and Request Date)</i>	6. Action Authorized by <i>(Typed Name, Title, Signature, and Concurrence Date)</i>

PART B - For Preparation of SF 50 *(Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)*

1. Name <i>(Last, First, Middle)</i>	2. Social Security Number	3. Date of Birth	4. Effective Date
FIRST ACTION		SECOND ACTION	
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number					15. TO: Position Title and Number						
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay			20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization						

EMPLOYEE DATA

23. Veterans Preference 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%	24. Tenure 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite	25. Agency Use	26. Veterans Pref for RIF YES NO
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule	33. Part-Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career	35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station <i>(City - County - State or Overseas Location)</i>		

40. Agency Data	41.	42.	43.	44.		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship 1 - USA 8 - Other	50. Veterans Status	51. Supervisory Status

PART C - Reviews and Approvals *(Not to be used by requesting office.)*

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.			Signature		Approval Date

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

☐ YES ☐ NO

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)

PART F - Remarks for SF 50

Exhibit B

GUIDELINES FOR DOCUMENTING CASES OF PERFORMANCE DEFICIENCIES OR MISCONDUCT DURING PROBATIONARY PERIOD

Use this guide to request termination of an employee during his/her probationary period. This also will serve as a general outline for counseling a probationer's deficiencies.

1. When the event(s) occurred and the location of each of the occurrences.
2. What were the specific things (deficiencies) that the employee did that were wrong? When and how was the right method conveyed to the employee?
3. What explanation(s) did the employee furnish to explain the deficiencies? What value judgment did you make about the explanation(s)?
4. Document(s) about the incident(s).
5. Copies of previously issued written notices to the employee about his/her deficiencies and references to previous discussions held with the employee about the deficiencies.

Besides this information, supervisors must provide an explanation of parts of the documentation that they feel needs further clarification or explanation. Explain technical terms or processes in the documentation so a third party that does not have technical knowledge can understand the issues and delays and misunderstandings can be avoided.

U.S. DEPARTMENT OF AGRICULTURE MARKETING AND REGULATORY PROGRAMS REQUEST FOR AUTHORIZATION OF RELOCATION EXPENSES		INSTRUCTIONS: In order to be eligible for change of station entitlements, the new station must be more than 10 miles from the old station. Employee shall complete items 1 through 22, as applicable, to designate requested allowances. Type or print clearly (in ink) all information. Submit one copy to your immediate supervisor. Approving official shall complete item 23.		1. NUMBER OF MILES BETWEEN OLD STATION AND NEW STATION	
2. FULL NAME OF EMPLOYEE <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		3. SOCIAL SECURITY NUMBER		4. DIVISION AND BRANCH	
5. GOVERNMENT CHARGE CARD HOLDER <input type="checkbox"/> Yes <input type="checkbox"/> No					

6. REQUEST AUTHORITY TO INCUR ALLOWABLE EXPENSES IN CONNECTION WITH MY MOVE			
FROM		TO	
OLD OFFICIAL STATION (City and State)		NEW OFFICIAL STATION	
OLD RESIDENCE ADDRESS		NEW RESIDENCE ADDRESS	
OLD HOME PHONE	OLD OFFICE PHONE	NEW HOME PHONE	NEW OFFICE PHONE

7. MEMBERS OF IMMEDIATE FAMILY WHO WILL BE MOVED			
NAME	RELATIONSHIP	BIRTH DATE	MARITAL STATUS
	Spouse		

8. DUTY REPORTING DATE AT NEW OFFICE STATION (show date employee expected to report, NOT effective date of personnel action).			

9. PER DIEM AND TRAVEL ALLOWANCE, AS FOLLOWS:			
<input type="checkbox"/> Round trip to seek residence (house hunting trip) quarters with the map distance between the old and the new station is 75 miles or more, via usually traveled surface route. Justification needed in Item 18.			
		<input type="checkbox"/> Self	<input type="checkbox"/> Spouse
Mode of travel will be by: <input type="checkbox"/> Airplane <input type="checkbox"/> Privately owned auto <input type="checkbox"/> Other (specify) _____		Planned Dates of Travel From _____ To _____	
<input type="checkbox"/> One-way trip between old and new official stations for permanent assignment is for:		<input type="checkbox"/> Self <input type="checkbox"/> Immediate Family	
Mode of travel will be by: <input type="checkbox"/> Airplane <input type="checkbox"/> *Privately owned auto Enter number of POV's _____ <small>*Attach justification statement if request is for use of more than one privately-owned auto or use Item 18 "Remarks"</small>		Planned Dates of Travel (Self) From _____ To _____	
		Planned Dates of Travel (Family) From _____ To _____	

10. TRANSPORTATION OF HOUSEHOLD GOODS		
Number of Rooms of Household Goods and Personal Effects (List objects requiring special handling in Item 18)	Method of Transportation <input type="checkbox"/> Government Bill of Lading (Actual Expense) <input type="checkbox"/> Commuted Rate	Planned Pickup Date

11. TEMPORARY QUARTERS SUBSISTENCE EXPENSE (When the map distance between the new official station and the old residence is more than 40 miles)		
Subsistence Expenses for: <input type="checkbox"/> Self <input type="checkbox"/> Family	Period of Subsistence <input type="checkbox"/> 30 Days (See Block 7) <input type="checkbox"/> 60 Days	Approximate Dates for Temp. Quarters From _____ To _____

12. EXPENSES INCIDENT TO:	
<input type="checkbox"/> Purchasing New Residence <input type="checkbox"/> Selling Residence Est. Market Value _____	<input type="checkbox"/> Lease Termination Est. Cost _____

13. STORAGE OF HOUSEHOLD GOODS FOR MORE THAN:		
<input type="checkbox"/> 30 Days	<input type="checkbox"/> 60 Days	<input type="checkbox"/> 90 Days

14. TRANSPORTATION OF HOUSE TRAILER IN LIEU OF TRANSPORTATION OF HOUSEHOLD GOODS (Item 9 and storage of household goods (Item 12). I CERTIFY THE TRAILER IS FOR USE AS A RESIDENCE FOR ME AND MY IMMEDIATE FAMILY AT THE DESTINATION.		Enter Estimated Amount \$ _____
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15. TRANSPORTATION AND STORAGE OF PRIVATE VEHICLE (Applicable only to transfer of station to, from, or between posts of duty outside the conterminous U.S.)	

16. ADVANCE OF FUNDS (ATR Chapter 301, Part 10 and applicable parts under Chapter 302.)	
Amount \$ _____	

NOTE: For item 17 below. "X" one box only - (Mobile homes are not eligible for home Purchase Contracts) **NOTE:** Election to use the home purchase service shall be VOID if the residence has title defects or Urea-Formaldehyde insulation.

<input type="checkbox"/>	17. IN LIEU OF BEING REIMBURSED FOR SELLING MY RESIDENCE (Item 11), I WILL USE THE HOME PURCHASE SERVICE OF THE USDA-CONTRACT RELOCATION COMPANY. I UNDERSTAND THAT I WILL BE LIMITED TO 30 DAYS TEMPORARY QUARTERS.	Estimated Market Value of Residence
		\$
Names of Owners of the Property		Percentage Owned
<input type="checkbox"/>	I will NOT use the home purchase service of the USDA-contract relocation company but, if needed, I may utilize the other services provided: NOTE: Selection not to use the home purchase service is binding.	
<input type="checkbox"/>	Home Finding	<input type="checkbox"/> Home Marketing Assistance
	<input type="checkbox"/> Mortgage Finding Assistance	<input type="checkbox"/> Rental Assistance

18. JUSTIFICATION/REMARKS

19. IS ANY PORTION OF YOUR CURRENT RESIDENCE USED AS INCOME PRODUCING? ENTER THE PERCENTAGE.	20. IS THE DISTANCE BETWEEN THE OLD DUTY STATION AND THE NEW DUTY STATION?
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> 50 miles or less <input type="checkbox"/> 50 miles or more

21. EMPLOYEE'S SERVICE AGREEMENT and WITHHOLDING TAX ALLOWANCE (WTA) NOTIFICATION

I agree to remain in the service of the Federal Government for 12 months following the effective date of my transfer or appointment unless separated for reasons beyond my control and acceptable to the Government. In case I violate this agreement, any moneys expended by the United States on account of my move described above shall be recoverable from me as a debt due the United States. I agree that if I receive WTA payments for claims titled for transfer expenses, I will: (1) file for a Relocation Income Tax Allowance, and (2) file required documentation of Income with the claim for Relocation Income Tax Allowance by August 31 of the year following the WTA payments unless an extension of time is granted by the Government. If I am overpaid or do not file the claim, I agree to repay the Government the entire Withholding Tax Allowance expended by the United States in connection with my transfer.

SIGNATURE	TITLE	DATE
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22. CONFLICT OF INTEREST. APPLICABLE TO INSPECTION/GRADING PERSONNEL ONLY. I certify that, to the best of my knowledge and belief,

I ☐ have ☐ do not have a real or apparent conflict of interest any plant which I will service in my new official station.

NOTE: If a conflict of interest or the appearance of a conflict of interest may exist, describe the conflict on an attached sheet.

SIGNATURE	DATE
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23. ADMINISTRATIVE AUTHORIZATION

a. The requester is eligible for benefits as indicated

☐ Change of employee's official station for permanent duty is in the interest of the Government and not primarily for the convenience or benefit of the employee or at the employee's request.

☐ A new appointee in accordance with 2-1-2, Federal Travel Regulations

☐ Student ☐ Outside U.S. ☐ Shortage ☐ SES ☐ Presidential Appointee

b. Employee was first definitely informed of transfer on (Date)	c. Estimated cost of shipment storage of household goods	NOTE: GBL shall be authorized for transportation of goods within the conterminous U.S. whenever the Commuted Rate estimate exceeds the GBL by more than \$100.
	\$ _____ Commuted Rate \$ _____ GBL	

Enter authorization number assigned to this relocation Applicable Subcenter/Management Code/Accounting Code chargeable for relocation expenses

Approving Official (Signature required)	TITLE	DATE
Approving Official (Signature required)	TITLE	DATE

Distribution: The Approving Official shall issue Form AD-202 and AD-202R to authorize relocation expenses as provided on attached Form. Distribution: Forward one copy of Form AD-202, AD-202R to (1) employee, and (2) Agency Relocation Service Coordinator. Forward one copy of AD-202 and AD-202R to FSO. Forward original to FSO, Attn: Processing Section, File Unit.

Note: Traveler is liable for the value of the tickets issued until all tickets or coupons are properly accounted for on the Travel Voucher.

1. ACTION CODE (Indicate one type only)

E = Establish A = Amend	C = Cancel V = Advance Only (Complete Sections A, E, and F Only)	2. AUTHORIZATION DATE	MONTH	DAY	YEAR
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SECTION A - IDENTIFICATION

3. TRAVEL AUTHORIZATION NO.	4. SOCIAL SECURITY NO.	5. NAME (Last) (First) (Middle Initial)	6. AGENCY CODE
7. AGENCY OON	9. ESTIMATED DATES OF TRAVEL EXPENSES FROM THRU Month Day Year Month Day Year		10. TYPE TRAVEL (Indicate one type only) DM = Domestic GR = Escorted Group FG = Foreign OC = Outside Cont. U.S. FT = Foreign Transfer TS = Transfer of Station RT = Return Travel OT = Outside CONUS ToS
8. TRAVELER OON			11. GOVERNMENT CREDIT CARD HOLDER Y = Yes N = No
12. TRAINING DOCUMENT NO. (For Purpose of Travel Code 3 Only)	13. OFFICIAL DUTY STATION CITY AND STATE	14. RESIDENT CITY AND STATE (If other than official station)	

SECTION B - EMPLOYMENT STATUS (Check the appropriate employment status block.)

15. PAYROLLED BY NFC	16. NOT PAYROLLED BY NFC	17. NEW HIRE	18. SPECIAL APPOINTEE	19. NONGOVERNMENT
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SECTION C - ITINERARY AND ESTIMATED EXPENDITURES

20. FROM		21. TO				23. AUTHORIZED EXPENDITURES								
CITY	ST	CNTRY CD	CITY CD	CITY, COUNTY or REGION	ST	Subsistence Codes P=Per Diem A=Actual Subsistence S=Special Rate	CODE	LODGING	M and IE	RATE	NO.DAYS	ESTIMATED AMOUNT		
								\$	+	=	x	= \$		
									+	=	x	=		
									+	=	x	=		
									+	=	x	=		
									+	=	x	=		
									+	=	x	=		
									+	=	x	=		
									+	=	x	=		
									+	=	x	=		
22. PURPOSE OF TRAVEL (Give explanation)							Total Subsistence					\$		
							POV: Rate							
							Rate							
							Rate							
							Rate							
							Other (Specify)							
							Unaccompanied Baggage							
							Car Rental							
							Common Carrier Tickets							
							Transportation Mode					Method of Purchase		
							Use of Non-contract Airline					Insert Code		
							Excess Fare							
							Excess Baggage							
							GSA Auto							
							24. Total Est. Expenditures Authorized					\$		

THESE PERCENTAGES MUST EQUAL 100%

SECTION E - TRAVEL ADVANCE

26. ADVANCE REQUEST METHOD (Select one method only) C = Check or DD/EFT T = Travelers Checks I = Imprest Fund E = Emergency (Wire) W = Wire Confirmation S = Embassy Issued Advance L = Embassy Collect. Advance	32. ADVANCE MAILING ADDRESS OPTIONS 1. (35) 2. (35) 3. (City) (20) State (2) Zip Code (9)
27. AMOUNT OF ADVANCE APPLIED FOR \$	33. IMPREST FUND CASHIER SOCIAL SECURITY NO. SIGNATURE
28. BALANCE FROM PREVIOUS ADVANCE \$	34. ADVANCE RECEIVED (Cash or Travelers Checks) DATE RECEIVED Month Day Year APPLICANT'S SIGNATURE
29. TOTAL ADVANCE AMOUNT \$	30. APPLICANT'S SIGNATURE
	31. DATE APPLIED FOR Month Day Year
	SEE PRIVACY ACT STATEMENT ON REVERSE

SECTION F - AGENCY APPROVAL

35. APPROVING OFFICER'S NAME AND TITLE (Last, First, Middle Initial) (Type or Print)	AGENCY CODE	36. SOCIAL SECURITY NO.	37. DATE APPROVED Month Day Year	38. PHONE (Area Code & No.)
39. APPROVING OFFICER'S SIGNATURE	40. CONTACT PERSON'S NAME			41. PHONE (Area Code & No.)
42. REMARKS				

Upon completion and approval, submit original to:

USDA -- National Finance Center, P.O. Box 60,000, New Orleans, LA 70160

FORM AD-202 (USDA) (Rev. 11/96)

Exception to SF 1038 approved by GSA 11/20/96

Submit advance applications with original signatures only. Facsimile signatures cannot be accepted.

An advance should be limited to an amount within the prescribed maximum necessary to effectively accomplish the purposes of the Government. An explanation should be provided in Block 42,

Remarks, for any advance authorized in excess of the prescribed maximum.

Privacy Act Notice

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on this form is required under the provisions of 5 U.S.C. Chapter 57 (as amended), Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of facilitating authorization action and the request for advance of funds for travel and other expenses to be incurred under administrative authorization. The information

contained in this form will be used by the Federal agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal or regulatory investigations, or prosecutions. Failure to provide the information required will result in delay or suspension of the processing of this form.